and stiffness in the left side under the ribs, with soreness upon manipulation. Swelling of the feet had been constantly present since the first pregnancy. On examination, the urine contained abundant red blood cells, but no casts. On cystoscopic examination the bladder and ureters were normal, and bloody urine was seen to come from the left ureter. The left kidney was removed, and found to have two patches of subcapsular hemorrhage. There were dense adhesions above the upper pole, which had to be divided before the kidney could be removed. The patient made a good recovery, and pregnancy supervened, and again blood appeared in the urine. After the birth of the child the hematuria ceased. On examining the kidney, glomerulonephritis was present, with increase in the interstitial connective tissue seen upon cross-section of the pyramids. A study of the cases, treated by operation, shows that hematuria has ceased with equal promptness after decapsulation, nephrotomy, or nephrectomy.

GYNECOLOGY.

UNDER THE CHARGE OF

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Ovarian Hematoma.—E. H. Wolf (*Arch. f. Gynäk.*, 1907, lxxxiv, 211) reports 8 cases of ovarian hematoma, 4 of which were associated with myomas. 1 was met with in a case of general and peritoneal tuberculosis, and 3 were complications of pelvic peritonitis. In no instance was the diagnosis made previous to operation. Dysmenorrhœa and menorrhagia were the only symptoms constantly associated with this condition. The symptoms, as a rule, were obscured by those of the principal conditions—myomas, peritoneal tuberculosis, and inflammatory diseases of the appendages.

The Pathological Changes Affecting the Endometrium.—A Contribution toward their Classification.—Elizabeth H. B. MacDonald (*Jour. Obst. and Gyn. Brit. Empire*, 1908, xiii, 3) strongly favors routine examination of endometrial scrapings, as it throws interesting light on the manifold changes, physiological and pathological, of the endometrium. She examined scrapings from between 200 and 300 cases, and has from that work concluded the following classification to be the best to be followed in such study: First, conditions arising from decidual and fœtal retention which includes (*a*) simple cases, such as simple inflammatory reaction and (*b*) the malignant type as chorioepithelioma. Second, endometritis of infective origin. This class is subdivided into the acute and chronic classes. These conditions may be considered as being puerperal, gonorrhœal, syphilitic, tuberculous, or septic—from operative procedures, etc. Third, secondary changes, as (*a*) chronic œdema which embraces mucous polypus and (*b*) general hyperplasia; chronic venous congestion, and (c) increased vascularity. Her fourth and last class is that of new growths. These may be of a simple character of glandular overgrowth, such as (a) simple adenoma or papilloma; (b) papillary glandular hyperplasia; and (c) stroma overgrowth; or of a malignant type, as (a) malignant adenoma, (b) adenocarcinoma, (c) sarcoma. MacDonald's general conclusions are that the endometrium is to be regarded as an unstable tissue, subject to great physiological variation, readily affected by disorders of neighboring tissues, readily responsive to stimulation, but only rarely the seat of primary disease. Malignant disease of the body of the uterus is comparatively rare; simple tumor formation is uncommon; chronic infective endometritis is commoner than these, but still not common by comparison with the number of other conditions for which curetting is practised. In the great majority of the cases in which the uterus is scraped the endometrium has played a merely passive part in the pathological changes, although its removal may be a justifiable and even necessary part of the treatment.

Solid Ovarian Tumors.—Briggs (*Jour. Obst. and Gyn. of Brit. Emp.*, 1908), during the past twenty-one years, has operated for ovarian tumors in 488 cases, in 49 of which the tumors were solid. The 439 cystic tumors were divided as follows: 284 adenocystomas, 44 dermoids, 36 broad ligament cysts, 24 papillomas, 50 carcinomas, and 1 perithelioma (sarcoma). Of the 49 solid tumors, 31 were fibromas, 1 cellular spleen-like tumor, 3 fibromas of the ovarian ligament, 1 surface papilloma, 3 adenomas, 8 solid carcinomas, 1 solid teratoma (myxochondrosarcoma), and 1 round-cell sarcoma. Walker, studying this material, was impressed by the rarity of sarcoma, having found but one specimen among the 439 of cystic tumors removed. He found 50 carcinomas (1 in 9), and among the 49 solid tumors he found 8 carcinomas (1 in 6), making 58 of 488 ovarian tumors, or 1 in 8.4. Veit gives this proportion as 1 in 5.5 and Martin, in 236 cases, found it was 1 in 7.3. In the 488 cases of ovarian tumors sarcoma was found in but 3 cases (1 cystic and 2 solid). The proportion of sarcoma to carcinoma was 3 to 58, about 5 per cent. In the solid variety the proportion was 1 to 4, while in the cystic it was but 1 to 50. It may possibly be found that more sarcomatous involvement of the cystic growths will be discovered by a careful analysis of the 36 specimens classed as broad ligament cysts, inasmuch as sarcoma frequently invades ovarian cysts so situated. In considering the solid tumors, it is interesting to note that the fibromas were found in 31 of the 488 cases, that is, in 6.3 per cent. of all the cases. This is notably in excess of the usual estimate of 2 per cent. This however, may be due, at least in part, to Walker's inclination to regard as fibromas many that others might decide to be sarcomas. In this Walker seems to be supported by the subsequent clinical history of the patients. Apropos is quoted this paragraph: "Dr. Briggs was amongst the first to recognize that even the highly cellular connective tissue tumors of the ovary were not necessarily sarcomas; the after-histories of 8 cases of fibroma of the ovary and 1 case of fibroma of the ovarian ligament were then produced, the structures of the growths were described and illustrated. They, together with cases of Doran and others, formed the basis of a paper in support of the conclusion that solid, heavy primary tumors of the ovary were probably fibromas and not sarcomas." It is quite remarkable that 31 of the 49 solid tumors were fibromas and yet not one fibrocystoma was found among the 439 cystomas. Walker found the circumscribed ovarian fibroids were 9 in number, while 15 were diffuse and 7 pedunculated. In but 2 instances were the tumors bilateral. The pedunculated were usually larger than the circumscribed, as were the diffuse. Of the 8 cases of solid carcinoma, 7 were bilateral and secondary and 1 primary and unilateral. Ascites was present in 12 cases of fibroma and absent in the 3 cases of fibroma of the ovarian ligament. It was present with the surface papilloma and with 5 of the 8 solid carcinomas, with the solid teratoma and the round-cell sarcoma. When adhesions were universal it was always absent.

Parasitic Uterine Myomas.—T. S. CULLEN (*Jour. Amer. Med. Assoc.*, 1907, xlix, 1995) mentions several specimens of uterine fibroids that had become absolutely detached from the uterus and had acquired new sources of blood supply and given this name. The mesenteric vessels, the omentum, the bladder, the bowels, and the Fallopian tube have each thus acted as foster-mother for these growths. When the omentum is thus acting its bloodvessels are noted to be much enlarged, the fat is removed, and even the lymphatics take on hypertrophy.

Superficial Papilloma of the Ovary.—E. EMRYS-ROBERTS (*Jour. Obst. and Gyn. of Brit. Emp.*, 1908, xiii, 96) reports a case of this very rare disease. The woman, aged forty-seven years, had been married twenty-six years and had been pregnant once, which terminated in a full-term labor twenty-five years ago. For four months she had noticed swelling of the abdomen. The last two menstrual periods had been profuse. At operation a secondary growth was found in the peritoneum at the line of incision. The primary tumor was a large mass filling the pelvis. The opposite ovary presented numerous surface adhesions; it was enlarged to the size of a bantam's egg; on section it exhibited numerous follicles distended with altered blood. Several corpora lutea were present. A small psammomatous mass was attached to the right ovarian fimbria. The right ovary was completely hidden by a luxuriant papillomatous growth the size of a Jaffa orange; many of the papillæ were cystic and were distended with a clear fluid; a few psammoma bodies, the size of peas, were scattered throughout the growth. On section, the ovary was seen to be of normal size, and apparently in full functional activity. The whole of its external surface, with the exception of the hilum, gave origin to the papillomatous newgrowth. A microscopical section of the right ovary at a point where the tumor was typical, showed a normal condition of the ovary, except near the periphery where the stroma assumed a denser form, which is particularly associated with papilloma of the ovary, whether of the intracystic or superficial variety. The normal portion displayed the usual characters of a functionally active ovary. At one portion of the section the dense stroma near the periphery contained numerous acini lined by a single layer of epithelium, cylindrical in type, with deeply staining nuclei; this resembled in every particular the germinal epithelium, and thus demonstrated these acini to be ingrowths. The germinal epithelium also showed outgrowths or papillæ, each containing a core of dense fibrous stroma, which latter was seen to be undergoing serious degenerative changes in the larger ones. Emrys-Roberts concludes that primary superficial papilloma of the ovary is derived from the germinal epithelium and underlying connective-tissue stroma, that the vesicles so common result from papillæ whose cores have undergone œdematous degeneration, that secondary deposits arise from disrupted papillæ, and that the dissemination of secondary deposits is favored by ascites. And, further, that the ascites represents the secretion of the epithelium forming the outer covering of the growth.

OTOLOGY.

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The Diagnosis and Differential Diagnosis of the Vertigo of Meniere.—Frankl-Hochwart (*Archiv. f. Ohrenheilk.*, 1907, lxix, 233) makes two divisions of the cases presenting the complex of symptoms first described by Ménière, the apoplectic and the accessory; the former includes persons of previously normal hearing who become suddenly deaf, in one or both ears, and in whom the loss of hearing is accompanied by circulatory tinnitus, vertigo, nausea and vomiting; the later includes cases of vertigo, more or less pronounced, consequent upon changes incident to both acute and chronic processes, in the middle ear or labyrinth, and but rarely associated with diseases of the external ear or auditory nerve. In addition to these two main classifications it is necessary to consider the pseudo-Ménière attacks exhibiting the whole, or parts, of the symptom series, as observed in the neuroses or as aura of hysterical or epileptic attacks.

The prominent symptoms of the labyrinthine hemorrhage of Ménière are the excessive vertigo, loss of hearing, distressing tinnitus, ataxia, nystagmus and vomiting and, in some instances, in addition, brachycardia, later tachycardia, diarrhœa, sense of pressure in the head and dimness of vision. The diagnosis which is easily determinable by this array of symptoms is rarely evidenced between the attacks by any objective signs, the total loss of hearing being the main persistent indication of the causative accident.

In the accessory vertigo resulting from cerebral apoplexy, vertigo, and vomiting are frequently associated symptoms but in apoplexy of the labyrinth consciousness is rarely lost and there are lacking the paralyses, the aphasia, the hemianopsia and correlated symptoms which indicate a central lesion. In apoplexy of the labyrinth there is monaural or binaural loss of hearing, in cerebral apoplexy the hearing may be unaffected or there may be a temporary phonophobia.